REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2-12-97 2 Serial/Patent # 08/766607						
3 Please refund the following fee(s):			4 PAI NUN	PER IBER	5 DATE FILED	6 AMOUNT
\prec	Filing					\$ 385
	Amendment					\$
Extension of Time						\$
Notice of Appeal/Appeal						\$
Petition						\$
Issue			. 5.			\$
	Cert of Correction/Terminal Disc.				,	\$
V	Maintenance					\$
	Assignment					\$
	0ther					\$
		7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
X	Overpayment		\times	C	redit Dep	osit/A/C #:
	Duplicate Payment			9	R X I	3380
<u> </u>	No Fee Due (Explanation):					1
Angellent.						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: JERENY S. FLEMING TITLE: ADMIN, EXAM						
SIGNATURE:						
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE: 821-97						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B